

# Health Department, City of Baltimore. 11

Permit No. 1211 Office of Registrar of Vital Statistics.

Ward 12 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 12, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fannie Briggs

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 8 Months, 4 Days

Color, Brown

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give Street and Number. } 345 Rose St

Cause of Death, { First (Primary), Cholera Infantum }  
{ Second (Immediate), }

Duration of Last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, July 14<sup>th</sup> 1887 P. B. Williams M. D.

{ Undertaker Alex. Hensley Medical Attendant. }

{ Place of Business, 561 Orchard St. Address, 900 Mad. Ave }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. A 112 Office of Registrar of Vital Statistics.

Ward 15<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

July 13<sup>th</sup> 1884

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Henry Fischer

Sex, Male or ~~Female~~,

Cross out the word not required in this line.

Age,

2 Years,

1 Months,

14 Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birth Place,

State or country, and how long in the United States, if of foreign birth.

Balt. City

Duration of Residence in the City of Baltimore,

Place of Death,

Give Street and Number.

608 William St.

Cause of Death,

First (Primary),

Second (Immediate),

Pneumonia

Duration of Last Sickness,

4 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

July 14<sup>th</sup> 1884

Undertaker,

Philipp Koehler

Place of Business,

Thompson & Co.

R. J. N. Tall M. D.

Medical Attendant.

152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 1213 Office of Registrar of Vital Statistics.

Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 13, 1887

Full Name of Deceased, Martha E. Hill  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female  
{ Cross out the word not required in this line. }

Age, 6 Years, 4 Months, 4 Days.

Color, red

Married, Single, Widow or Widower, Widow  
{ Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, City of Baltimore  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, 344 Road St  
{ Give Street and Number. }

Cause of Death, Cholera infantum  
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, July 14<sup>th</sup> 1887

Undertaker, Alex. Bensley

Place of Business, 56 Orchard Address, 928 Madison Ave

Medical Attendant, L. A. Fleming, D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A. 1217 Office of Registrar of Vital Statistics. Ward 14<sup>c</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 12/87

Full Name of Deceased, Gas. S. McFarland { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male { Cross out the word not required in this line. }

Age, 56 Years, ✓ Months, ✓ Days.

Color, white

Married, Single, ~~Widow~~ or ~~Widower~~, Married { Cross out the words not required in this line. }

Occupation, Police Officer

Birth Place, Philadelphia Pa { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 53 years

Place of Death, 618 N. Fremont-ave { Give Street and Number. }

Cause of Death, Obstruction of bowels  
asthenia  
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 14<sup>th</sup> 1887

Undertaker, McAdams  Jas. E. Gibbons M. D.

Place of Business, 27 Myrtle St Address, 833 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 1215 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, July 11 - 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Isaac Smith

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 40 Years, 1 Months, 1 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Drayman

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1118 Division

Cause of Death, { First (Primary), Second (Immediate), } Malarial Fever  
Inflammation of Bowels

Duration of Last Sickness,  Couple Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, July 14th 1887

Undertaker, Alex. Hensley R. Gray Smith M. D.

Place of Business, 561 Orchard Address, 407 N. Main

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Board of Health, City of Baltimore, Md.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. **A** 1216

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *July 12<sup>th</sup> / 87*

Full Name of Deceased, *John Gross*

Sex, Male ~~or Female~~, *Male*

Age, *10* Years, *10* Months, *10* Days.

Color, *Colored* Sex, *Male*

Married, Single, Widow or Widower, *Single*

Occupation, *Life*

Birthplace, *1225 Wilmer Aley*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, *Same*

Cause of Death, *Cholera Infant*

Duration of Last Sickness, *one week*

Place of Burial, *Chap St*

Date of Burial, *July 14<sup>th</sup> 1887*

Undertaker, *Alex Hensley*

Place of Business, *561 Orchard St*

Medical Attendant, *J. M. Carter* M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person, and the cause and date of death, except in cases of births and deaths of illegitimate children.



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 1217 Office of Registrar of Vital Statistics. Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, 11th July 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William B. Ferguson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 Years, 2 Months, — Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, City

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 208 S. Chester

Cause of Death, { First (Primary), Second (Immediate), } Whooping Cough  
Convulsions

Duration of Last Sickness, about 3 weeks (Died Suddenly)

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, July 14th 1887

Undertaker, Denny & Mitchell Medical Attendant, C. P. Brown M. D.

Place of Business, 208 S. Broadway Address, 1835 G. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. A 1218 Office of Registrar of Vital Statistics.

Ward 4

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 13<sup>th</sup> 1887, 2 A.M.  
 Full Name of Deceased, Sophia H. daughter of Jacob DeFree  
 Sex, Male or Female, Female  
 Age,                      Years,                      Months, 4 Days  
 Color, White  
 Married, Single, Widow or Widower, Single  
 Occupation, Infant  
 Birth Place, Balto  
 Duration of Residence in the City of Baltimore,                       
 Place of Death, ed 49 Alameda St  
 Cause of Death, First (Primary), Premature Birth - eight mos  
Second (Immediate), Jaundice  
 Duration of Last Sickness,                     

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel  
 Date of Burial, July 13<sup>th</sup> 1887  
 Undertaker, Peter Frey  
 Place of Business, 1003 Etern Ave  
 Address, 1102 E Balto St  
 Medical Attendant,                      M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1219 Office of Registrar of Vital Statistics. Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, *within twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

Penalty of law.  
**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

CERTIFICATE OF DEATH.

Date of Death, July 12

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eva May Davis

Sex, Male or Female, { Cross out the word not  
required in this line. } Female

Age, 2 Years, 6 Months, 7 Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not  
required in this line. } \_\_\_\_\_

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how  
long in the United States,  
if of foreign birth. } 1300 1/2 Ave

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give Street and Number. } No 652 Geneva St

Cause of Death, { First (Primary), *Pneumonia*  
Second (Immediate),

Duration of Last Sickness, 8 Days.

All the above information should be furnished by the Physician.

Place of Burial, Freemont

Date of Burial, Thursday July 14th

Undertaker, B. Cook Medical Attendant, M. D.

Place of Business, 223 Baltimore Address, Cor. Columbia & Remond Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. *A 1220* Office of Registrar of Vital Statistics.

Ward *17*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, *July 13 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Minnie Graining*

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *1* Years, *6* Months, *15* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Bath*

Duration of Residence in the City of Baltimore, *all her life*

Place of Death, { Give Street and Number. } *1730 Potomac*

Cause of Death, { First (Primary), Second (Immediate), } *Dysentery*

Duration of Last Sickness, *3 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Louisa Park Cemetery*

Date of Burial, *July 15 1887*

Undertaker, *Bernard Hall*

Place of Business, *115 West St.*

Address, *578 Hancock*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]